

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|-------------|-----------------|
| FEE DETERMINATION | <i>JK</i> | | <i>11-29-01</i> |
| O.I.P.E. CLASSIFIER | <i>JK</i> | <i>32</i> | <i>12/10</i> |
| FORMALITY REVIEW | <i>CH</i> | <i>1119</i> | <i>12-12-01</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

5C 1119

5C 301
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